

Application for Amendment of Certification Environmental Laboratory Accreditation Program

This application is for laboratories seeking amendment of certification under the California Environmental Laboratory Improvement Act (Chapter 4 commencing with Section 100825, Part 1, Division 101, of the California Health And Safety Code).

Please check each box corresponding to an item changed.

PART A LABORATORY INFORMATION

1. Certificate Number: _____
- [] 2. Current Name of Laboratory: _____
Former name, if applicable: _____
- [] 3. Division: _____
- [] 4. Laboratory Location: (Actual Location)
Street: _____
City: _____ State: _____ Zip: _____
- [] 5. Laboratory Mailing Address: (For mail delivery)
Street: _____
City: _____ State: _____ Zip: _____
- [] 6. Laboratory Shipping Address: (For sample delivery)
Street: _____
City: _____ State: _____ Zip: _____
- [] 7. Telephone #: _____ [] 8. FAX #: _____
- [] 9. E-Mail Address: _____ [] 10. Web Site : _____
- [] 11. County (CA only): _____ [] 12. Water Quality Control Board Region #: _____
- [] 13. Laboratory Director: _____ Telephone #: _____
- [] 14. Contact Person: _____ Telephone #: _____
- [] 15. Mail Recipient Name: _____
- [] 16. Owner / Agents Name: _____
- [] 17. For Mobile Laboratories or an applicant for Field of Testing 23:
Vehicle Make: _____ Model: _____ Vehicle ID #: _____
Vehicle License No.: _____ State of Registration: _____

(for ELAP office use only)

Application Number: _____ Date Received: _____

Part B is on page 3. Please fill out Part B for changes in laboratory directors only.

PART C

FIELDS OF TESTING

The list of Fields of Testing (FoT) is presented below. Select the Field(s) of Testing for which an AMENDMENT is requested by marking the brackets using the following codes:

- | | |
|----|---|
| A | Addition of a Field of Testing |
| AM | Addition of methods or analytes in a Field of Testing for which certification is already held |
| R | Reinstatement of methods or analytes decertified based on or due to enforcement actions |
| D | Deleting a Field of Testing |
| DM | Deleting part of the Field of Testing (methods or analytes) |

Information about methods, analytes and equipment will be requested from you later in the certification process.

Fields of Testing (FoT) and Description

- [] 1. Microbiology of Drinking Water and Wastewater
- [] 2. Inorganic Chemistry and Physical Properties of Drinking Water Excluding Toxic Chemical Elements
- [] 3. Analysis of Toxic Chemical Elements in Drinking Water
- [] 4. Organic Chemistry of Drinking Water (measurement by GC/MS combination)
- [] 5. Organic Chemistry of Drinking Water (excluding measurements by GC/MS combination)
- [] 6. Radiochemistry
- [] 7. Shellfish Sanitation
- [] 8. Aquatic Toxicity Bioassays
- [] 9. Physical Properties Testing of Hazardous Waste
- [] 10. Inorganic Chemistry and Toxic Chemical Elements of Hazardous Waste
- [] 11. Extraction Tests of Hazardous Waste
- [] 12. Organic Chemistry of Hazardous Waste (measurement by GC/MS combination)
- [] 13. Organic Chemistry of Hazardous Waste (excluding measurements by GC/MS combination)
- [] 14. Bulk Asbestos Analysis
- [] 16. Wastewater Inorganic Chemistry, Nutrients and Demand
- [] 17. Toxic Chemical Elements in Wastewater
- [] 18. Organic Chemistry of Wastewater (measurements by GC/MS combination)
- [] 19. Organic Chemistry of Wastewater (excluding measurements by GC/MS combination)
- [] 20. Inorganic Chemistry and Toxic Chemical Elements of Pesticide Residues in Food
- [] 21. Organic Chemistry of Pesticide Residues in Food (measurement by GC/MS combination)
- [] 22. Organic Chemistry of Pesticide Residues in Food (excluding measurement by GC/MS combination)
- [] 23. Operation of a Mobile Laboratory in any ONE of the above fields of testing; specify the Field of Testing_____.

PART B
PERSONNEL QUALIFICATIONS
LABORATORY DIRECTOR

1. Name (Last, First, Middle Initial): _____

2. Title: _____

3. Education:	College/University	Major	Degree	Year Completed
Month/Year From - To				

4. Technical Training:	Technical Trade or Service School	Subject Certificate	Year Completed
Month/Year From - To			

5. Relevant Experience: (Last 5 years)	Name and Address of Employer	Job Title
Month/Year From - To		

6. Briefly describe your experience relevant to this employment on a separate sheet of paper. Be sure to identify the laboratory, person's name and position.

7. Certificate(s): (Analyst)

[] CAL Nevada Section American Water Works Association

Grade: _____ Expiration date: _____

[] California Water Pollution Control Association (CWPCA)

Grade: _____ Expiration date: _____

**PART D
INVOICE FOR FEES**

- ☐ Claim of Exemption from Fees: (attach written evidence for claim of exemption)
 ☐ California County or City Public Health Laboratory established under, Health and Safety Code Section 101150
 ☐ Government Reference Laboratory as defined in, Health and Safety Code Section 100860 (e) & (g)

☐ Not Exempt From Fees

The fee for adding or amending a Field of Testing is **\$432.00**. Compute the appropriate fees for the additional/amended/reinstated FoTs (# of **A**, **AM**, or **R**) x \$432 = _____

Enclose a check for the total fee, payable to: DHS - ELAP
 Department of Health Services
 Environmental Laboratory Accreditation Program

NOTE: Out of state laboratories - the cost of travel to visit a laboratory located outside the State of California will be determined and billed after completion of the site visit, Section 100860(b), Health and Safety Code.

**PART E
QUALITY ASSURANCE MANUAL**

Please submit two copies of your laboratory's manual for the in-house quality assurance program with this application.

**PART F
OTHER PERTINENT INFORMATION (OPTIONAL)**

Use a separate sheet of paper to provide any additional information about your laboratory that you feel may demonstrate laboratory competency, such as other certifications and proficiency testing programs in which your laboratory participates.

**PART G
APPROVAL FOR SUBMISSION
(This Section Must be Completed and Signed before the Application will be Accepted)**

TYPE OR PRINT: Name of Laboratory: _____

Name of Owner or Owner's Agent: _____

Signature: _____ Date: _____

Return the completed application, quality assurance manual, and the appropriate fee to:

**CALIFORNIA DEPARTMENT OF HEALTH SERVICES
ENVIRONMENTAL LABORATORY ACCREDITATION PROGRAM (ELAP)
1625 SHATTUCK AVENUE, ROOM 101
BERKELEY, CA 94709-1611**